

**Saint Louis Fire EMS Report**

Case # : 46979

2634 Hampton St. Louis, MO 63139 Phone# (314) xxx-xxxx

Patient: 10fl ROHRVOUGH, KENNETH

| CALL      |                            | PATIENT         | DATE&TIMES          |                |
|-----------|----------------------------|-----------------|---------------------|----------------|
| Call #    | 46979                      | Patient Name:   | ROHRVOUGH, KENNETH, | Notified       |
| Call Type | Assault Serious Hemorrhage | Sex: M DOB:     | [REDACTED]          | Age: 47yr      |
| Scene     | ST. LOUIS AND 13TH         | Wt:             | Race: WHITE         | Departed Qtrs  |
| City+     | ST. LOUIS, MO, 630         | Address:        | [REDACTED]          | At Scene       |
| Status    | EMERGENCY RESPONSE         | City,State,Zip: | ST. LOUIS, MO, 630  | At Patient     |
| Agency    | 2//A                       | Physician:      |                     | Departed Scene |
| Crew      | GLORIOSO, CLAUSEN          | Pref. Hosp:     |                     | At Destination |
|           |                            | Phone#:         | [REDACTED]          | In Service     |
|           |                            |                 |                     | At Quarters    |
|           |                            |                 |                     | Trip Distance  |

**H x PRESENT**

| Subject   | Description / Details  |
|-----------|--|
| CAUSE     | FALLS;   |
| COMPLAINT | EXTREMITIES LAC UNDER LEFT EYE; (R) HEAD LACERATION; (L) KNEE ABRASIONS; |
| SYMPTOMS  | LAC UNDER LEFT EYE; (R) HEAD LACERATION; (R) KNEE ABRASIONS;             |

POLICE ON SCENE STATED PT RESISTED ARREST FELL TO THE GROUND RECEIVING LACERATIONS

**H x PAST**

| Subject   | Description / Details    |
|-----------|--------------------------|
| ALLERGIES | NONE;                    |
| MEDS      | DIAZEPAM; PHENOBARBITAL; |
| PREEXIST  | SEIZURES;                |

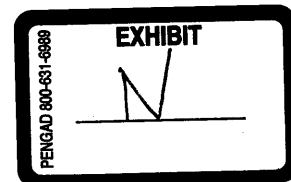
**FINDINGS**

| Subject    | Description / Details   |
|------------|---|
| IMPRESSION | OTHER;  |
| INITIAL    | PT FOUND SITTING; LOC ALERT, ; AIRWAY PATENT, ; BREATH NON-LABORED, ; CIRCUL PULSE PRESENT, ; GCS SCORE = 15, Eyes - 4-SPONTAN., Verbal - 5-ORIENTED, Motor - 6-OBEYS CMND; SKIN Temp - NORMAL, Color - NORMAL, Moist - NORMAL, ; NEURO GRIPS STRONG, BILATERAL, Facial Droop is NORMAL, Arm Drift is NORMAL, Speech is NORMAL; |
| PHYSICAL   | CMS INTACT X 4; EXTREMITIES LAC UNDER LEFT EYE; (R) HEAD LACERATION: superficial depth,length <= 1",minimal blood loss (R) KNEE ABRASION; FURTHER PHYSICAL EXAM UNREMARKABLE;   |

PT DENIES NECK AND BACK PAIN AND NO LOC

**CARE EVENTS**

| Time  | Subject   | Description/Details                                  | BP | P | R | SaO2 | Pos |
|-------|-----------|--|----|---|---|------|-----|
| 12:30 | PROCEDURE | 4 X 4, CLAUSEN B,IMPROVED                            |    |   |   |      |     |
| 12:30 | PROCEDURE | IRRIGATION, CLAUSEN B,IMPROVED                       |    |   |   |      |     |
| 12:30 | LOC       | ALERT, ALERT X 3 (Person,Place,Time)                 |    |   |   |      |     |
| 12:30 | AIRWAY    | PATENT,  |    |   |   |      |     |
| 12:30 | BREATH    | NON-LABORED, (R) CLEAR, (L) CLEAR, EQUAL EXPANSION   |    |   |   |      |     |
| 12:30 | CIRCUL    | PULSE PRESENT, RADIAL, STRONG, REG, CapRefill NORMAL |    |   |   |      |     |
| 12:30 | VITALS    | 148/70 80 46 LAY                                     |    |   |   |      |     |

**RESULT**

| Disposition | EVAL., TREAT., TRANSPORT., | EMT-B | NURSE |
|-------------|----------------------------|-------|-------|
| TranReas    | PT. RESTRAINED             |       |       |
| Destination | SOUTH POINTE               |       |       |
| DestReas    | POLICE CHOICE              |       |       |
| Status      | URGENT/TRANSPORTED         |       |       |
| Med Ctl     |                            |       |       |

**AUTHORIZATION**

EMT-B

NURSE

CLAUSEN

APPROVED  
[Signature]

STATE OF MISSOURI )  
 )  
CITY OF ST LOUIS )

SS

APPROVED  
*Kurt Hays*

AFFIDAVIT OF AUTHENTICITY

Before me, the undersigned authority, personally appeared **SAUNDRA RANDOLPH**, who being by me duly sworn, deposed as follows:

My name is **SAUNDRA RANDOLPH**, I am of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated:

I am the Custodian of Records of City of St. Louis/Emergency Medical Services. Attached hereto are 1 pages of records from City of St. Louis/Emergency Medical Services. These 1 pages of records are kept in the regular course of business; and it was in the regular course of business of City of St. Louis/Emergency Medical Services for an employee or representative with knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of act, event, condition, opinion, or diagnosis. The records attached are the original or exact duplicated of the original.

*Sandra L. Randolph*  
CUSTODIAN OF RECORDS

Subscribed and sworn to before me this 23 day of September, 2003.

*Melanie Johnson*  
Notary Public

My commission expires: \_\_\_\_\_

MELANIE JOHNSON  
NOTARY PUBLIC STATE OF MISSOURI  
ST. LOUIS CITY  
MY COMMISSION EXP. NOV. 19, 2006